

# Request for Post 30-Year Program Benefit Estimate

Toll Free: 1-800-547-6657  
Local: 360-664-7000  
TDD: 360-586-5450

Complete (type or print) all requested information, sign, date and return this form to DRS.

Note: This is **not** an election form, DRS will include a form for election to participate in the Post 30-Year Program with your benefit estimate.

Last name	First name	Middle name	Social Security Number
Telephone Number (Daytime)	Telephone Number (Evening)		Birth Date
Street			
City			State Zip

**In what month do you plan to file an election for participation in the Post 30-Year Program?**

\_\_\_\_\_  
month / year

**When do you plan to retire?**

\_\_\_\_\_  
month / year

**Enter your expected leave cash out:**

(Leave cash-out cannot exceed the amount earned in two years. The type of leave that can be cashed out varies among employers. State employees can use up to 240 hours of annual leave. Other members should check with their employers.)

\_\_\_\_\_  
total hours

**What is your current hourly wage?**

\_\_\_\_\_  
\$ per hour

**What is the date of birth for your continuing beneficiary?**

(PERS will calculate benefit estimates under all benefit payment options.)

\_\_\_\_\_  
month / day / year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

**Return completed form to the Department of Retirement Systems  
PO Box 48380, Olympia, WA 98504-8380**

This form requests that you provide your Social Security Number. Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS is mandatory.
- DRS will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security Number to any party unless required by law.

